



**Damascus Farmers Market**  
P.O. Box 576 Damascus, VA 24236  
Contact: *farmersmarket@damascus.org*

**Vendor Application 2024**

Farm/Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List of Products for Sale:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2024 Season ~ May – October, Saturdays 9am-12 noon**

Weekly Fee: **\$10.00 cash**

Session: May – July (13 Saturdays): **\$110**; or August – October (13 Saturdays): **\$110**

Full Season, May – October (26 Saturdays): **\$220**

Dates: \_\_\_\_\_

**By signing this application, I agree to the Market Rules, Regulations and Agreement.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Vendor(s)

\_\_\_\_\_  
Printed Name of Vendor(s)

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Manager(s)

\_\_\_\_\_  
Printed Name of Manager(s)